



# California State University, Sacramento

## Department of Communication Sciences and Disorders

### GRADUATE SYLLABUS & COURSE OUTLINE

Semester/Year: Spring 2023	Course: CSAD 683: Speech-Language Pathology for Audiologists	Section: 01
Meeting Days: Tuesdays	Meeting Times: 4:00-4:50	Location: Online, Zoom, synchronous
Instructor: Dr. Lisa D'Angelo	Email: dangelo@csus.edu	Phone: 530-400-1970 text only, or call for emergencies
Office Location: Folsom Hall 2316	Office Hours/Appointments: By appointment throughout the week; Monday 12-1:30 and Wednesday 3-4:30	

#### Catalogue Course Description:

**CSAD 228C. Methods: Speech Disorders III. 1 Unit**

**Prerequisite(s):** Admission to Doctor of Audiology program; CSAD611, CSAD612, CSAD613, CSAD614, CSAD621, CSAD622, CSAD622L, CSAD623, CSAD624, CSAD631, CSAD632, CSAD641, CSAD641L, CSAD642, CSAD643, CSAD651, CSAD652, CSAD653, CSAD661, CSAD662, CSAD671, CSAD672, CSAD673

**Term Typically Offered:** Spring

Approved Course Description (from CSUS Course Catalog)

Overview of speech and language development, including screening for speech and language disorders and risk factors for speech and language delay, from the perspective of audiology. Principles of auditory-verbal therapy.

#### Place of Course in Program

This course is an overview of the field of speech-language pathology. The topics presented in this course are intended to expose students to other areas within the field of Communication Sciences and Disorders, normal and disordered communication, principles of assessment and intervention, and opportunities to collaborate with speech-language pathologists.

Communication disorders can impact aspects of a person's life. Speech-language pathologists are involved with the prevention, assessment, identification and diagnosis, treatment, counseling, and follow-up of speech, language, swallowing, and cognitive disorders. Awareness of the anatomy and physiology of the speech and language mechanism, disorders, and fundamentals of intervention and treatment is important for audiologists when determining the impact of hearing impairment on a patient and referring patients.

Sacramento State Graduate Learning Goals (GLG)	Addressed by this course (Y/N)
<b>Disciplinary knowledge:</b> <i>Master, integrate, and apply disciplinary knowledge and skills to current, practical, and important contexts and situations.</i>	Y
<b>Communication:</b> <i>Communicate key knowledge with clarity and purpose both within the discipline and in broader contexts.</i>	Y
<b>Critical thinking/analysis:</b> <i>Demonstrate the ability to be creative, analytical, and critical thinkers.</i>	Y
<b>Information literacy:</b> <i>Demonstrate the ability to obtain, assess, and analyze information from a myriad of sources.</i>	Y
<b>Professionalism:</b> <i>Demonstrate an understanding of professional integrity.</i>	Y
<b>Intercultural/Global Perspectives:</b> <i>Demonstrate relevant knowledge and application of intercultural and/or global perspectives.</i>	Y

## Course Learning Outcomes:

### GRADUATE

Mastery of each student-learning outcome listed below is indicated by a grade of B or better on each component of the corresponding measures listed in the table. Students are required to track their progress towards meeting each learning outcome and must make an appointment with the instructor for any grade equal to or less than a B. The instructor will suggest strategies to help you establish competence and knowledge in these areas.

Students should track their progress towards meeting each learning outcome by listing their grades on the table below over the course of the semester.

### Course Learner Outcomes

Upon completion of this course, students will be able to:

1. Summarize the history, education and licensing/certification requirements, and scope of practice for speech-language pathologists
2. Contrast normal and disordered anatomy and physiology of the speech mechanism
3. Outline normal developmental milestones for speech and language
4. Explain commonly used assessment procedures for communicative disorders
5. Describe basic procedures and techniques for intervention and therapy of communicative disorders
6. Give examples of interprofessional collaborations between audiologists and speech- language pathologists

Course Learning Outcome	Components Indicating Competence	Grades Received
1	Observations/Reflections, Exam	
2	Exam, Project	
3	Exam, Project, Observations/Reflections	
4	Exam, Project, Observations/Reflections, Article Review	
5	Exam, Project, Observations/Reflections, Article Review	
6	Exam, Project, Observations/Reflections, Article Reviews	

### Textbooks and Materials:

The text is digitalized by the library and PDFs will be posted to Canvas. Handouts and materials will be shared and uploaded to Canvas.

Shames G. H. & Anderson N. B. (2011). *Human communication disorders : an introduction* (8th ed.). Pearson.

### Online Resources:

**Canvas:** This course is embedded into a Web Course format. You *must* have an active CSUS email and use CSUS's Canvas platform to access handouts, course assignments, class discussions and class email.

## Course Requirements/Components:

### Assignments

#### Class Preparation:

All required readings are for the date listed in the course schedule, not the following class period. Students are responsible for all assigned readings, whether discussed in class or not.

#### Class Participation:

Students are expected to actively participate in class discussions and are required to have read the assigned material prior to class meetings.

#### Class Attendance:

Classroom attendance is necessary for this course. No more than three unexcused absences are allowed. Students are expected to arrive on time as class begins at 4 pm.

#### Class Assignments

Course grades will be based on observation hours and reflections, article reviews, project, and an exam.

#### Speech-language Pathology Observation Hours and Reflection

Students will complete five observation hours in speech-language pathology in at least 2 settings. These may be live or on some online platform. Students should take notes before, during, and after the observation, paying to the strategies and methods of the clinician. Observation logs must be filled out for each session observed, including the date and time, setting, location, name and signature of clinician, and the clinician's ASHA number (live) or title/type of session.

#### Project:

Students will identify a diagnosis or disorder that involves interprofessional collaboration between Audiologists and Speech-Language Pathologists. You will complete a 10 minute PPT presentation for the class. You will be required to cite peer-reviewed journal sources in APA format. See rubric for details. We will discuss diagnoses in class for possible projects.

### **Grading Policy:**

**Your grade will be based on the total points you achieve for the semester out of the total possible.**

Project	100 points
Observations/Reflections	100 points
Discussion/Participation	100 points
Article Reviews (2x50 points)	100 points
Take Home Exam	100 points
Total	500 points

Letter grades are assigned according to the following scores:

<b>%</b>	<b>Letter</b>
95-100	A
90-94	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
67-69	D+
64-66	D
60-63	D-
59 and below	F

## Course Policies/Procedures:

**Attendance.** This course involves verbal interaction among the students and the instructor. You cannot really “get” what was covered in class via classmates’ notes. A modified Socratic method will be employed, whereby students will be called upon randomly to contribute to classroom discussions. Because of this, class attendance is required. If you are not in class or not present when your name is selected for discussion, you will be considered absent. You must report absences to Dr. D’Angelo **via email prior** to class meetings. Excused absences will be granted for documented emergencies or conflicts: ***You must provide written documentation of the emergency or conflict to the instructor.*** All other absences will be considered unexcused. **Two or more (2) unexcused absences will result in your final grade dropping one letter grade via reduction of the 50 participation points.** Working as a Speech-Language Pathologist requires being present, on time, and prepared. Practicing those skills now will prepare you for what this career will be like. If you do need to miss a class, you are responsible for all materials covered in your absence. This means you must get any materials handed out during your missed session from a classmate, not the instructor.

**Assignments:** Assignments are due throughout the semester. Presentations and Grand Round sharing of information is expected per the syllabus. The assignment may have a different due date than the exact date of the sharing presentation. Please make note. Late assignments can impact your grade, so please note the due dates. Only documented medical excuses will be accepted for late or missing assignments.

**Class meetings and participation:** Interactive lecture + discussion+ observation format will be followed. Because this is a seminar, active listening, participation, and problem solving is expected. For example, when you are listening to another student present his/her ideas, you should take notes and offer suggestions. Comments such as “I agree” or “great idea,” are okay. Substantive participation (e.g., comments that help advance the discussion, or that help develop a new angle on a problem) is considered to be far more meaningful participation. Audiology and Speech-Language Pathology are professions in which you need to actively problem solve at all times, and collaborate!.

**Safety and wellness:** It’s great to be together on campus, although this class will be online. You should be aware by now of Sacramento State’s 2022-2023 COVID 19 policies. You can find out more at Sacramento State’s [COVID-19 page](#). We will be following those policies in this classroom. Vaccines are required for everyone on campus except those who have been granted a religious or medical exemption per the [CSU’s COVID-19 vaccination requirement](#). Masks are NOT required at this point but are recommended indoors. Please respect your fellow students’ decision to mask or not mask. You can schedule a vaccine at [My Turn California](#) and find out more about vaccines and booster eligibility on the [CDC website](#). Remember that COVID-19 is still a threat, even for those who are vaccinated and boosted. Please practice self-care, monitor your health for any possible symptoms of COVID-19, and contact a health care provider immediately should you believe you may be infected.

**Attendance:** You may attend this class if you have COVID-19 symptoms or test positive (since it is virtual). However, if needed: COVID-19 tests and safety supplies are available at many locations around campus, including the library and student union. The University will continue to offer free testing to students who are symptomatic through [Student Health and Counseling Services](#). To increase safety on campus, you are required to report a positive COVID-19 test. You will find a confidential reporting form on the [Student Affairs COVID-19 web page](#). Everyone who tests positive, regardless of vaccination status, is required to stay home for at least 5 days. You should stay home for up to 10 days if your symptoms are not resolved or you continue to test positive. If you come into contact with someone who has tested positive for COVID-19, please refer to this [flowchart](#).

If you need to isolate, please notify me immediately.

- o If you are isolating and not ill, I expect you to stay up to date with your academic work remotely as best you can. Checking in with me for assignments will be your responsibility.
- o If you are ill, please contact me as soon as you are well so we can work together to catch you up with the rest of the class.

- o You will find the latest updates to academic continuity during COVID-19 [here](#).

**Flexibility:** The degree to which COVID-19 will impact the Sacramento State campus this fall is hard to predict. Patience and flexibility on all our parts will still be necessary as we navigate COVID-19 -related absences. Communicating with me in a clear and timely manner will help you stay on track academically and help all of us stay healthy.

### **Additional Information**

#### **Commitment to Integrity:**

As a student in this course (and at this university) you are expected to maintain high degrees of professionalism, commitment to active learning and participation in this class and also integrity in your behavior in and out of the classroom.

#### **Sac State's Academic Honesty Policy & Procedures:**

“The principles of truth and honesty are recognized as fundamental to a community of scholars and teachers. California State University, Sacramento expects that both faculty and students will honor these principles, and in so doing, will protect the integrity of academic work and student grades.” Read more about Sac State's Academic Honesty Policy & Procedures at the following website: <http://www.csus.edu/umannual/student/stu-0100.htm>

**Definitions:** At Sac State, “cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means.” **Plagiarism** is a form of cheating. At Sac State, “plagiarism is the use of distinctive ideas or works belonging to another person without providing adequate acknowledgement of that person's contribution.” Source: Sacramento State University Library Note: Any form of academic dishonesty, including cheating and plagiarism, may be reported to the office of student affairs.

#### **Understand When You May Drop This Course:**

It is the student's responsibility to understand when he/she need to consider disenrolling from a course. Refer to the Sac State Course Schedule for dates and deadlines for registration. After this period, a serious and compelling reason is required to drop from the course. Serious and compelling reasons include: (a) documented and significant change in work hours, leaving student unable to attend class, or (b) documented and severe physical/mental illness/injury to the student or student's family. Under emergency/special circumstances, students may petition for an incomplete grade. An incomplete will only be assigned if there is a compelling extenuating circumstance. All incomplete course assignments must be completed by the department's policy.

#### **Equal Access:**

Sacramento State is committed to ensuring an accessible learning environment where course or instructional content are usable by all students and faculty. If you believe that you require disability-related academic adjustments for this class (including pregnancy-related disabilities), please immediately contact Services for Students with Disabilities (SSWD) to discuss eligibility. A current accommodation letter from SSWD is required before any modifications, above and beyond what is otherwise available for all other students in this class will be provided. Please be advised that disability-related academic adjustments are not retroactive. SSWD is located on the first floor of Lassen Hall 1008. Phone is 916-278-6955 and e-mail is [sswd@csus.edu](mailto:sswd@csus.edu). For a complete listing of services and current business hours visit <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>

#### **Inclusivity:**

Students in this class are encouraged to speak up and participate through in-person, online, or discussion posts. Each of us must show respect for each other because our class represents a diversity of beliefs, backgrounds, and experiences. I believe that this is what will enrich all of our experiences together. I recognize that our individual differences can deepen our understanding of one another and the world around us, rather than divide us. In this

class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from our classroom community or if you have a specific need, please contact me early in the semester so that we can work together to help you become an active and engaged member of our class and community. This text was adapted from CSU Chico and Winona State University's posts.

**Accessibility/Equity:** The goal for all of our students is for access to all information and remove as many barriers as possible to learning. If you feel that you have difficulty accessing the information for WHATEVER reason, please talk to me. We have ways of lending technology (through IRT), helping with disabilities and gaining accommodations (SSWD), and emergency needs for housing, food, etc.. If it doesn't fall into those categories, please talk to me anyways: we can figure it out.

### **Basic Needs Support:**

If you are experiencing challenges with food, housing, financial, or other unique circumstances that are impacting your education, help is just a phone call or email away! The CARES office provides case management support for any enrolled student. Email the CARES office at [cares@csus.edu](mailto:cares@csus.edu) to speak with a case manager about the resources available to you. Check out the [CARES web page](#)

### **Student Health and Counseling Services**

Your physical and mental health are important to your success as a college student. Student Health and Counseling Services (SHCS) in The WELL offers medical, counseling, and wellness services to help you get and stay healthy during your time at Sac State. SHCS offers: Primary Care medical services, including sexual and reproductive healthcare, transgender care, and immunizations; urgent care for acute illness, injuries, and urgent counseling needs; pharmacy for prescriptions and over-the-counter products; mental health counseling, including individual sessions, group counseling, support groups, mindfulness training, and peer counseling; athletic training for sports injury rehabilitation; wellness services, including nutrition counseling, peer led health education and wellness workshops, and free safer sex supplies; violence and sexual assault support services. Most services are covered by the Health Services fee and available at no additional cost.

### **Title IX**

Sac State is committed to supporting students and fostering a campus environment free of sexual misconduct and gender-based discrimination. If a student chooses to disclose to a faculty or staff member an experience related to sexual misconduct which includes, but is not limited to rape, relationship violence, or stalking, all faculty and staff members are obligated to report this disclosure to the university's Title IX Coordinator. Contact Sac State's Title IX Coordinator, Skip Bishop, at (916) 278-5770 or email at [william.bishop@csus.edu](mailto:william.bishop@csus.edu). Upon receipt of the report, the Title IX Coordinator will contact you to inform you of your rights and options as a survivor and connect you with support resources, including resolution options for holding accountable the person who harmed you. Students who elect not to discuss their experience with the Title IX Coordinator can speak confidentially to the following confidential resources:

Student Health & Counseling Services at The WELL on Campus Phone Number: 916-278-6461

Website: [www.csus.edu/shcs](http://www.csus.edu/shcs)

Campus Confidential Advocate – Laura Swartzen Email: [weave@csus.edu](mailto:weave@csus.edu)

On Campus Phone Number: 916-278-5850 (during business hours)

WEAVE 24/7 Hotline: 916-920-2952

### **Other Resources**

Testing Center: <https://www.csus.edu/student-affairs/centers-programs/testing-center/>

Library: <https://library.csus.edu/>

Services to Students with Disabilities: <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>

Student Health and Counseling Services at The WELL: <https://www.csus.edu/student-life/health-counseling/>

Peer & Academic Resource Center: <https://www.csus.edu/student-affairs/centers-programs/peer-academic-resource/>

Student Academic Success and Education Equity Programs: <https://www.csus.edu/student-affairs/retention-academic-success/>

Crisis Assistance and Resource Education Support (CARES): <https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/>

Date	Topic and Activity or Quiz and Exam	Readings/ Assignment
1/24	Professionals in CSD History of SLP	Duchan, J.F. (2002) "What do you know about your profession's history?"  ASHA "Scope of Practice in Speech-Language Pathology"  Anderson & Shames- Ch. 1
1/31	Employment settings Education and certification	ASHA "Employment settings for SLPs"  CA Speech-language pathology and audiology and hearing aid dispensers  ASHA- CA Licensing requirements
2/7	Anatomy and physiology	Anderson & Shames- Ch. 2 and 3, 5
2/14	Assessment	Anderson & Shames- Ch. 4  Williams, C. J., & McLeod, S. (2012). Speech-language pathologists' assessment and intervention practices with multilingual children. <i>International Journal of Speech-Language Pathology</i> , 14(3), 292-305.

2/21	Intervention and therapy	<p>Anderson &amp; Shames-Ch. 2</p> <p>Baranek, G. T. (2002). Efficacy of sensory and motor interventions for children with autism. <i>Journal of Autism and Developmental Disorders</i>, 32(5), 397-422.</p>
2/28	Language impairments, children	<p>Anderson &amp; Shames- Ch. 11 and 12</p> <p>Pimperton, H., &amp; Kennedy, C. R. (2012). The impact of early identification of permanent childhood hearing impairment on speech and language outcomes. <i>Archives of disease in childhood</i>, 97(7), 648-653.</p> <p>Lederberg, A. R., Schick, B., &amp; Spencer, P. E. (2013). Language and literacy development of deaf and hard- of-hearing children: successes and challenges. <i>Developmental psychology</i>, 49(1), 15.</p>
3/7	Education and schools	<p>Anderson &amp; Shames-Ch. 12</p> <p>Héту, R., Truchon-Gagnon, C., &amp; Bilodeau, S. A. (1990). Problems of noise in school settings: A review of literature and the results of an exploratory study. <i>Journal of Speech-Language Pathology and Audiology</i>.</p> <p>Lieu, J. E., Tye-Murray, N., Karzon, R. K., &amp; Piccirillo, J. F. (2010). Unilateral hearing loss is associated with worse speech-language scores in children. <i>Pediatrics</i>, 125(6), e1348-e1355.</p> <p>Stevenson, J., McCann, D., Watkin, P., Worsfold, S., &amp; Kennedy, C. (2010). The relationship between language development and behaviour problems in children with</p>

		<p>hearing loss. Journal of Child Psychology and Psychiatry, 51(1), 77-83.</p> <p>American Speech-Language- Hearing Association. (2010). Roles and responsibilities of speech-language pathologists in schools.</p>
3/14	Literacy	<p>Anderson &amp; Shames-Ch. 13</p> <p>Moeller, M. P., Tomblin, J. B., Yoshinaga-Itano, C., Connor, C. M., &amp; Jerger, S. (2007).</p> <p>Current state of knowledge: Language and literacy of children with hearing impairment. Ear and Hearing, 28(6), 740-753.</p>
3/21	SPRING BREAK	Sleep! Eat! Fun!
3/28	Articulation, phonological disorders	<p>Anderson &amp; Shames-Ch. 6</p> <p>Ching, T. Y., &amp; Cupples, L. (2015). Phonological Awareness at 5 years of age in Children who use Hearing Aids or Cochlear Implants. SIG 9 Perspectives on Hearing and Hearing Disorders in Childhood, 25(2), 48-59.</p>
4/4	Cleft palate	<p>Anderson &amp; Shames-Ch. 9</p> <p>Flynn, T., Persson, C., Moller, C., Lohmander, A., &amp; Magnusson, L. (2014). A longitudinal study of hearing and middle ear status of individuals with cleft palate with and without additional malformations/syndromes. The Cleft Palate-Craniofacial Journal, 51(5), e94-e101.</p>

		<p>Skuladottir, H., Sivertsen, A., Assmus, J., Remme, A. R., Dahlen, M., &amp; Vindenes, H. (2015). Hearing outcomes in patients with cleftlip/palate. <i>The Cleft Palate-Craniofacial Journal</i>, 52(2), e23-e31.</p> <p>Imbery, T. E., Sobin, L. B., Commesso, E., Koester, L., Tatum, S. A., Huang, D., ... &amp; Nicholas, B. D. (2017). Long- Term Otologic and Audiometric Outcomes in Patients with Cleft Palate. <i>Otolaryngology–Head and Neck Surgery</i>, 157(4), 676-682.</p>
4/11	Cognitive-Communication across the lifespan	<p>Mild TBI cognitive-communication (esp. as related to veterans)</p> <p>JRRD article 2012</p> <p>Tompkins 2012: R Hemisphere CVA and cog-comm</p> <p>TBA article TBI/ABI cog-comm</p> <p>TBA article: pediatric cog-comm</p>
4/18	Language impairments, adult Neurogenic speech disorders	Anderson & Shames-Ch. 10 and 14
4/25	Voice and fluency AAC	<p>Anderson &amp; Shames-Ch. 8, 15</p> <p>Lincoln, M., Packman, A., &amp; Onslow, M. (2006). Altered auditory feedback and the treatment of stuttering: A review. <i>Journal of Fluency Disorders</i>, 31(2), 71-89.</p>
5/2	Swallowing	Anderson & Shames-Ch. 16
5/9	Auditory-verbal therapy	<p>Dora Wu, C. J., &amp; Brown, P. M. (2004). Parents' and Teachers' Expectations of Auditory-Verbal Therapy. <i>Volta Review</i>, 104(1).</p> <p>Easterbrooks, S. R., O'rourke, C. M., &amp; Todd, N. W. (2000). Child and family factors associated with deaf children's success in auditory–</p>

		<p>verbal therapy. <i>Otology &amp; Neurotology</i>, 21(3), 341-344.</p> <p>Kaipa, R., &amp; Danser, M. L. (2016). Efficacy of auditory- verbal therapy in children with hearing impairment: A systematic review from 1993 to 2015. <i>International Journal of Pediatric Otorhinolaryngology</i>, 86, 124-134.</p>
5/16	FINALS WEEK	

## ASHA Standards for the Certificate of Clinical Competence in Audiology

### Applicant has demonstrated knowledge of:

#### **Standard II-A: Foundations of Practice**

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and significant others
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
- A10. Effects of hearing loss on educational, vocational, social, and psychological function throughout the life span
- A11. Manual and visual communication systems and the use of interpreters, transliterators, and/or translators
- A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication
- A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making
- A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic habilitation/rehabilitation
- A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision-making regarding treatment options and goals
- A17. Importance, value, and role of interprofessional communication and practice in client/patient care
- A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
- A19. Health care, private practice, and educational service delivery systems

#### **Standard II-B: Prevention and Screening**

- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

#### **Standard II-D: Counseling**

- D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing loss for the client/patient,

family members, and/or caregivers to enhance their well-being and quality of life

D6. Facilitating clients'/patients' acquisition of effective communication tools and techniques of coping skills

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment disorders

### **Standard II-E: Audiologic Rehabilitation Across the Life Span**

E1. Engaging clients/patients in the identification of their specific communication difficulties and adjustment to them by eliciting client/patient narratives and interpreting self-reported and/or caregiver-reported measures

E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship with sensitivity to differences in culture, identity, and language

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing loss and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

E6. Engaging clients/patients (including, as appropriate, school-aged children and adolescents) and family members in shared decision-making regarding treatment goals and options

E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties

E21. Providing auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

### **Standard II-F: Pediatric Audiologic (Re)habilitation**

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing loss

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for deaf and hard of hearing children with sensitivity to differences in culture, identity, and language

F3. Educating parents regarding the potential effects of hearing loss on speech-language, cognitive, and social-emotional development and functioning

F4. Educating parents regarding (a) optional and optimal modes of communication and (b) educational laws and rights, including 504 plans, individualized education programs (IEPs), individual family service plans (IFSPs), and individual health plans

F5. Selecting age- and developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F7. Planning and implementing parent education/support programs concerning the management of hearing loss and subsequent communication and adjustment difficulties

F8. Providing for intervention to ensure age- and developmentally appropriate speech and language development

F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome

F10. Providing ongoing support for children by participating in IEP or IFSP processes

F11. Counseling the deaf or hard of hearing child regarding peer pressure, stigma, self-identity, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills, with sensitivity to differences in culture and language

F12. Evaluating acoustics of classroom settings and providing recommendations for universal design and accommodations

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals